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REPORT OF THE MEDICAL OFFICER OF HEALTH

For the Year Ending 31st December,

1946

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Vice Chairman—

Councillor Joseph Henderson

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,, J. Bainbridge
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PUBLIC HEALTH OFFICERS OF THE COUNCIL.

Medical Officer of Health—E. F. Dawson-Walker, M.D., B.S., B.Hy., D.P.H.

Senior Sanitary Inspector—J. Savage, C.R.S.I., M.S.I.A.

Sanitary Inspector—H. E. Raine, M.C., C.R.S.I., M.S.I.A.

Sanitary Inspector—R. R. Short, C.R.S.I., M.S.I.A.

Sanitary Inspector—R. E. V. Warrand, C.S.I.B., M.S.I.A., A.R.S.I.

Sanitary Inspector—E. Philbin, B.A., C.R.S.I., M.S.I.A.

Sanitary Surveyor—C. W. Clarke, A.M.I.Mech.E., A.M.I.Struct.E., F.I.A.S.

Cleansing Superintendent—W. Angus, M.Inst.P.C.

Water Superintendent—R. Blakey.

Thorpe Infectious Diseases Hospital Medical Superintendent: E. F. Dawson-Walker, M.D., B.S., B.Hy., D.P.H.

Matron—Miss D. Green, S.R.N., R.F.N. (Resigned October, 1946).
Miss W. Edwards, S.R.N., R.F.N., S.C.M. (Appointed October, 1946).

EASINGTON RURAL DISTRICT.

REPORT

OF THE

Medical Officer of Health

FOR THE

Year ended 31st December, 1946.

EASINGTON,

CO. DURHAM,

1947.

Mr. Chairman, Councillor Mrs. Winter, and Gentlemen,

I have pleasure in submitting to you the Annual Report on the health and sanitary conditions of your district for the year 1946.

Although this is the third annual report which has appeared over my signature it is the first covering a complete year during which the department has been under my control.

A detailed account of the work of the department is given in the various sections of the report, much of it in tabular form. The final section, which describes the work of the Sanitary Inspectors' Department, has been contributed by the Senior Sanitary Inspector.

The purpose of this introductory letter is briefly to summarize the contents of the report as a whole and to draw attention to any points of especial interest.

Vital Statistics—Birth Rate.

The figure of 21.99 per 1,000 of the population for the birth rate shows a slight increase on that for 1945, which was 21.13. It falls a little short of the figure for 1944, namely 22.2, which was the highest recorded since 1932.

If comparison is made with the rate for England and Wales as a whole (19.1) and for the 148 smaller towns (21.3) it will be seen that the population of the district maintains its relatively high degree of fertility.

Maternal Mortality

While the excellent record for 1945, when the maternal mortality figure for the district was nil, has not been maintained, there was, however, only one maternal death recorded in the area during 1946.

The maternal mortality rate for this latter year was 0.55 which contrasts favourably with the figure of 1.06 for England and Wales. It may be noted that the solitary death recorded was not due to sepsis.

It is also satisfactory to record that no death from abortion has been registered in the area during the year.

The number of notified cases of puerperal pyrexia which in 1945 was 12, dropped to 6 in 1946, giving a rate of 3.4 per 1,000 total births as opposed to the national figure of 8.5.

Mention was made in the report for 1945 of some of the factors, such as the discovery of the sulphonamide group of drugs and of penicillin, which have contributed to the welcome fall in the maternal mortality rate since 1935. At the same time credit is due to the practitioners and midwives practising in the area for these relatively satisfactory figures.

Infantile Mortality

The death rate for all infants under one year of age per 1,000 live births was 53.11. This figure is slightly lower than that for 1945, which was 54.08, and is a distinct improvement on that for 1944, namely 59.76. It cannot, however, be considered to be satisfactory when compared with the figure for England and Wales, which was 43.

Of 93 deaths of infants under one year of age 47, or 50.5 per cent, occurred in the first month of life, a neo-natal mortality rate of 26.8 per 1,000 live births. In 15 of these cases prematurity was given as the primary cause of death and in 10 as a contributory cause.

There were 9 deaths from diarrhoea and enteritis in children under 2 years of age, the number in 1945 being 7.

The figure of 53.1 for the infantile mortality rate of the district is higher by 23% than the national figure, and as has been said, cannot be considered to be satisfactory.

As to the reasons for this state of affairs it would seem that poverty, at the present time, cannot be a factor of any consequence, and indeed it would appear from past investigations which have been made, that poverty *per se* does not cause a high infantile mortality. Overcrowding and a standard of mothercraft lower than it should be, are probably factors of more consequence.

The high neo-natal rate indicates the desirability of expanding all measures for pre-natal care, and the provision of special facilities for the care of premature infants.

General Death Rate

The figure for the general death rate 10.1 per 1,000 of the population is slightly lower than that for 1945, which was 11.0. It compares favourably with the figure of 11.5 for England and Wales, and calls for no particular comment.

Individual Causes of Death

The order of sequence of the individual causes of death remains the same as last year. Heart disease continues to head the list followed by cancer in the second place. Diseases of the arteries and veins of the brain follow next, and are in turn followed by pneumonia and bronchitis. Deaths due to the diseases of early infancy and congenital malfomations are again slightly in excess of those due to tuberculosis (all forms).

The pre-eminence of heart disease remains undisputed, and measures to combat it are not easy to devise, more especially as the stress and strain of life in these present days may be a contributory factor. The intensive research into the causes and treatment of rheumatism now being undertaken may in time bear fruit in a lowered incidence.

The Cancer Act of 1939, the implementation of which was delayed by the war, is now in operation and should in time show results in a lessening of the number of deaths due to this disease. Early diagnosis is the great requirement, to enable the best use to be made of the modern methods of treatment.

A detailed statement of the causes of death under age groups is given in Table 1.

Tuberculosis

The statistics for this disease are set out and summarized in the section of the report dealing with it.

While there has been an increase in the number of new cases of the pulmonary form of the disease notified during the year, the number of notifications of the non-pulmonary form has fallen.

The number of deaths from the pulmonary form shows a decrease, while the number due to the non-pulmonary form has risen slightly.

When a comparison is made with the rates for England and Wales it will be seen that the mortality rate for the pulmonary form is below the national figure, while that for the non-pulmonary form is higher.

An amelioration of the degree of overcrowding in the district, and an extension of the facilities for the efficient pasteurisation of milk would probably prove effective in lowering both rates, the former in respect of the pulmonary type and the latter of the non-pulmonary type.

Early diagnosis rapidly followed by admission to a suitable institution for treatment are most necessary, but the Durham County Council, in common with many other tuberculosis authorities, are impeded in their task by great difficulties in respect of both accommodation and staff.

Infectious Disease

The notifications of these diseases are set out in the report, and again there is little which calls for comment. The latter months of the year showed a rapid rise in the number of measles notifications which constituted the beginning of an epidemic which extended into the early part of 1947.

The number of diphtheria notifications was slightly greater than in the previous year, but the number of proved cases was less.

Scarlet fever notifications were almost the same as in the two preceding years.

Much work was thrown upon the sanitary inspectors during the year owing to the necessity for keeping under surveillance a not inconsiderable number of smallpox contacts returning to this country from overseas. Fortunately no case of this disease occurred within the district during the year.

Thorpe Hospital

The volume of work carried out in the hospital was somewhat greater than in the previous year, 366 cases being admitted as contrasted with 308 in 1945. Of these 366 cases 78 were from the Seaham Urban District Authority.

Particulars of the cases treated are given in the body of the report, in which is also included a more detailed account of the cases admitted suffering from enteric fever and food poisoning.

Mention was made in the report for 1945 of steps which were being taken with a view to obtaining for the hospital the status of an affiliated training school for fever nurses.

In January 1946 an Inspector from the General Nursing Council visited the hospital, and following on this visit the General Nursing Council stated that subject to an increase in the number of trained staff and the provision of improved accommodation for the nursing staff the hospital would probably be accepted as an affiliated training school for fever nurses.

A detailed report on the nursing staff at Thorpe Hospital was presented to the Health Committee in April 1946 and was subsequently approved by the Council. This report is printed *in extenso* as an appendix to the section of the report dealing with Thorpe Hospital (page 29).

By the end of the year an Assistant Matron/Sister Tutor had been appointed together with two additional fever trained staff nurses.

Diphtheria Immunisation

In the section of the report dealing with this subject the statistics covering the year's work are set out, and a brief explanation given of the changes in administration consequent upon the Ministry of Health Circular 194/45. An account is also given of the propaganda carried out during the year.

Of the estimated child population under five years of age 43.19% have been immunised : of those between the ages of five and fourteen years inclusive 70.63% have been immunised : and the percentage of children of fifteen years and under who have been immunised is 61.15.

These figures, while not in themselves unsatisfactory, still fall considerably below the level of 75-80 per cent immunised which must be reached before the incidence of diphtheria can be

reduced to a minimum. It will be necessary to secure the immunisation of a much higher proportion of the under five group, and the personal opinion is again expressed that the way to achieve this is to follow the policy already adopted by some authorities with excellent results, namely of allowing health visitors to immunise these children in their own homes. Only in this way can the understandable 'inertia' of mothers with large families and household cares be overcome.

Scabies

The incidence of this disease in the district has certainly fallen, but the unhappy plight of heavily infested families, especially the children, demands the provision of adequate facilities for the treatment of all willing patients by the local authority.

The treatment of both male and female cases is now undertaken at the clinic in Horden.

Water

The quality of the piped water supply to the district remains good, and an unsatisfactory sample is rare.

Steps are being taken to keep under closer observation houses, and in particular farms, without mains supply where the sources available are not always satisfactory.

Mention may be made of the difficulties under which the householder in the district labours owing to the hardness of the supply. The waste of soap in these days of shortage is a grave disadvantage, and the deposit of scale in pipes and boilers causes waste of valuable fuel.

Any action which would lessen the degree of total hardness would be greatly welcomed.

Sanitary Condition of the Area

The section of the report contributed by the Senior Sanitary Inspector contains much interesting information, but does not allow of easy summary.

The work of the inspectors has been much increased in the past year by additional investigations in connection with the granting of building licences, and it became obvious in the latter

months of the year that an increase of staff was urgently necessary if their statutory duties were not to be neglected. Application was made for the appointment of two additional inspectors and one was granted.

Conclusion

The year, the work and accomplishments of which have been briefly surveyed, saw the passing into law of the National Health Service Act, 1946.

This Act will have a profound effect on the Health Department as at present constituted. Thorpe Isolation Hospital will eventually pass from the control of the Council to that of the newly established Regional Hospital Board, and responsibility for the immunisation against diphtheria of all children up to and including the age of fifteen will be transferred to the Durham County Council as the Local Health Authority.

The environmental services together with some responsibility for the control of infectious disease would appear to be all that will remain to the Council of the functions which they have hitherto exercised in connection with the health services. It would also seem likely that these remaining powers will be exercised under some scheme of divisional administration.

Finally I must again extend to the Council my gratitude for their continued support, and convey to the staff and to the Senior Sanitary Inspector in particular my sincere thanks for their help and co-operation throughout the year.

I am, Mr. Chairman, Mrs. Winter and Gentlemen,

Your obedient servant,

E. F. DAWSON-WALKER,

Medical Officer of Health.

SECTION I.

CONDITIONS OF THE AREA

Area (in acres)	34,653
Registrar General's estimate of resident population, mid. 1946	79,600
Number of Inhabited Houses on 31st December 1946 according to the Rate Books	22,206
Rateable Value (at 1st April 1946)	£301,433
Sum represented by Penny Rate (1945-6) ...	£1,112

VITAL STATISTICS.

Births :—Live Births.

	Male	Female	Total
Legitimate	836	847	1683
Illegitimate	36	32	68
	872	879	1751

Birth Rate per 1,000 of the estimated resident population 21.99

Stillbirths—

Legitimate	20	28	48
Illegitimate ...	—	1	1
	20	29	49

Rate per 1,000 total births 27.98

Infantile Mortality—

Deaths of infants under 1 year :—

Legitimate	45	39	84
Illegitimate	7	2	9
	52	41	93

INFANTILE MORTALITY RATES.

Death rate of all infants under one year per 1,000 live births, 53.11.

Death rate of legitimate infants under one year per 1,000 legitimate live births, 49.32.

Death rate of illegitimate infants under one year per 1,000 illegitimate live births, 132.35.

	Total	Male	Female
DEATHS—	808	441	367
Death rate per 1,000 of the estimated resident population	10.15		

MATERNAL DEATHS—

Deaths from Puerperal Causes—

from Sepsis	Nil
from Other Causes	1
Total	1

Maternal Mortality Rate 0.55

TABLE 1. **DEATHS—CAUSES AND AGES AT DEATH.**

	All Ages	Under 1	1 to 2	3 to 5	6 to 15	16 to 25	26 to 45	46 to 65	66 to 75	76 up
Whooping Cough	2	1	1	—	—	—	—	—	—	—
Diphtheria	2	—	—	—	2	—	—	—	—	—
Tuberculosis Respiratory	24	—	—	—	1	7	9	7	—	—
Other Tuberculosis Diseases	10	1	1	—	2	4	2	—	—	—
Syphilitic Diseases	3	—	—	—	—	—	—	3	—	—
Influenza	7	—	1	—	—	—	—	1	2	3
Measles	5	2	2	1	—	—	—	—	—	—
Poliomyelitis	2	1	—	1	—	—	—	—	—	—
Encephalitis	2	—	—	—	—	—	1	1	—	—
Cancer	131	—	—	—	—	—	13	58	44	16
Diabetes	8	—	—	—	—	—	—	3	4	1
Intracranial Vascular Lesions	103	1	—	—	1	1	4	24	34	38
Heart Disease	172	—	—	1	1	3	10	62	55	40
Other Diseases of Circulatory System	25	—	—	—	—	—	—	4	9	12
Bronchitis	40	7	—	—	—	—	1	10	13	9
Pneumonia	48	27	3	1	—	2	3	6	4	2
Other Respiratory Diseases	6	—	—	—	—	1	1	1	3	—
Ulcer of Stomach and Duodenum	4	—	—	—	—	—	1	2	—	1
Diarrhoea (under 2 years)	9	9	—	—	—	—	—	—	—	—
Appendicitis	5	—	—	1	2	1	—	1	—	—
Other Digestive Diseases	16	1	—	—	1	—	4	4	3	3
Nephritis	18	—	—	—	2	—	4	7	2	3
Puerperal Sepsis	1	—	—	—	—	—	1	—	—	—
Premature Births	21	21	—	—	—	—	—	—	—	—
Other Maternal Causes	24	17	1	—	—	1	3	—	2	—
Suicide	7	—	—	—	—	—	1	4	2	—
Road Traffic Accidents	11	—	—	2	—	2	5	2	—	—
Other Violent Causes	29	1	1	—	—	5	7	10	4	1
Other Deaths	73	4	3	—	1	5	5	9	16	30
Totals	808	93	13	7	13	32	75	219	197	159

TABLE 2.

Cancer

The following table gives the deaths from Cancer, in age groups, and the localisation of the disease.

	Ages in Years					Totals
	1 to 25	26 to 45	46 to 65	66 to 75	76 up	
Stomach	—	5	14	17	7	43
Breast	—	1	5	3	—	9
Prostate	—	—	-	2	—	2
Uterus	—	1	6	2	1	10
Liver	—	—	3	—	—	3
Lungs	—	2	7	—	—	9
Bowels	—	2	4	9	4	19
Other Causes ...	—	2	19	11	4	36
	—	13	58	44	16	131

TABLE 3.

Table of Birth and Death Rates for the Past 10 Years

Year	General Death Rate	Infantile Death Rate	Birth Rate
1937	11.2	69.5	20.3
1938	11.5	62.3	20.0
1939	11.4	81.2	18.9
1940	11.2	62.5	18.7
1941	11.6	73.4	19.7
1942	10.8	58.0	19.8
1943	11.3	75.3	20.6
1944	10.6	59.7	22.2
1945	11.0	54.1	21.1
1946	10.1	53.1	21.9

1946	General Death Rate	Infantile Death Rate	Birth Rate
England & Wales	11.5	43.0	19.1
Easington Rural District	10.1	53.1	21.9

TABLE 4.

Birth Rate, Death Rate and Analysis of Mortality during the Year, 1946.

	Rate per 1,000 Total population		Annual Death Rate per 1,000 Population								Rate per 1,000 Live Births.	
	Live Births	Stillbirths	All Causes	Typhoid and Paratyphoid Fevers	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under 2 years)	Total Deaths (under 1 year)
England and Wales	19.1	0.53	11.5	0.00	0.00	0.00	0.00	0.02	0.01	0.15	4.4	43
Easington Rural District	21.9	0.61	10.1	0.00	0.00	0.06	0.00	0.02	0.02	0.08	5.1	53

TABLE 5.

Infantile Mortality Rates
(10 years)

Year	Births	Easington R. D. Inf. Mortality Rate	England & Wales Inf. Mortality Rate
1937	1683	69.5	58
1938	1605	62.3	53
1939	1527	81.2	50
1940	1471	62.5	55
1941	1485	73.4	59
1942	1488	57.0	49
1943	1539	75.3	49
1944	1690	59.7	46
1945	1627	54.1	46
1946	1751	53.1	43

TABLE 6.
Death Rates (10 years)

Year	Deaths	Easington R. D. Death Rate	England & Wales Death Rate
1937	934	11.2	12.4
1938	925	11.5	11.6
1939	924	11.4	12.1
1940	885	11.2	14.3
1941	884	11.6	12.9
1942	808	10.8	11.6
1943	850	11.3	12.1
1944	811	10.6	11.6
1945	848	11.0	11.4
1946	808	10.1	11.5

TABLE 7.
Natural Increase of Population

Year	Births	Deaths	Rate of Natural Increase per 1,000 population.
1937	1683	934	9.3
1938	1605	925	8.4
1939	1527	924	7.5
1940	1471	885	7.4
1941	1485	884	7.8
1942	1488	808	8.4
1943	1539	850	9.2
1944	1690	811	11.5
1945	1627	848	10.1
1946	1751	808	11.8

SUMMARY OF STATISTICS 1946.

Population (estimated mid. 1946)	79,600
Area (acres)	34,653
Estimated number of houses	22,206
Rateable value (at 1st April, 1946)	£301,433
Sum produced by 1d. rate (1945-6)	£1,112
Births	1,751
Birth rate per 1,000 of the estimated resident population	21.99
Deaths	808
Death rate per 1,000 of the estimated resident population	10.15
Death rate of infants under one year of age ...	53.1

Chief Causes of Death

Cause.	Number.	Percentage of total deaths.
Diseases of the heart	172	21.29
Cancer	131	16.21
Diseases of the veins and arteries of the brain	103	12.75
Bronchitis and pneumonia ...	88	10.89
Diseases of early infancy, and congenital malformations under 1 yr.	45	5.57
Tuberculosis (all forms) ...	34	4.21
Tuberculosis (pulmonary) ...	24	2.97

Infectious Diseases.

Disease.	Cases notified.	Number of deaths.	Death rate per 1,000 population.
Scarlet Fever ...	132	—	
Diphtheria ...	139	2	0.025
Enteric fever ...	3	—	
Erysipelas ...	14	—	
Cerebro-spinal fever	28	—	
Measles ...	892	5	0.062
Tuberculosis (all forms)	122 (new cases)	34	0.427

Influenza, which is not notifiable, caused 7 deaths.

SECTION II.

TABLE 8.

INFECTIOUS DISEASES

NOTIFIED CASES, 1946.

DISEASE	Cases notified in whole district.										
	At all ages	Under 1	1 to 2+	3 to 4+	5 to 9+	10 to 14+	15 to 24+	25 to 34+	35 to 44+	45 to 64+	65 and over
Scarlet Fever	132	2	8	20	61	28	12	1	—	—	—
Diphtheria	139	1	8	11	42	28	30	11	8	—	—
Enteric or Typhoid Fever	3	—	—	—	1	—	—	1	1	—	—
Paratyphoid Fevers	4	—	—	—	—	—	3	—	1	—	—
Puerperal Pyrexia	6	—	—	—	—	—	1	5	—	—	—
Ophthalmia Neonatorum	7	7	—	—	—	—	—	—	—	—	—
Pneumonia	65	7	5	5	12	4	3	4	6	13	6
Erysipelas	14	—	—	—	—	—	1	—	—	9	4
Cerebro-spinal Fever	28	6	8	2	6	—	2	1	—	3	—
Malaria	1	—	—	—	—	—	—	1	—	—	—
Chicken Pox	1	—	—	1	—	—	—	—	—	—	—
Dysentery	6	—	3	1	—	—	—	—	1	1	—
Measles	892	68	260	273	274	14	2	1	—	—	—
Whooping Cough	79	16	29	16	18	—	—	—	—	—	—
Pulmonary Tuberculosis	82	—	1	2	4	3	28	17	13	14	—
Non-Pulmonary Tuberculosis	40	2	2	2	18	4	7	1	2	1	1
TOTALS	1499	109	324	333	436	81	89	43	32	41	11

The following table shows the number of cases notified and deaths recorded from Diphtheria and Scarlet Fever during the past five years :—

TABLE 9.

Year	Diphtheria		Scarlet Fever	
	Notifications	Deaths	Notifications	Deaths
1942	309	9	170	Nil
1943	184	11	202	1
1944	131	7	126	1
1945	118	2	122	Nil
1946	139	2	132	Nil

TABLE 10.

OPHTHALMIA NEONATORUM

1946

CASES		
Notified	Treated	
	At Home	In Hospital
7	3	4

TABLE 11.

GEOGRAPHICAL DISTRIBUTION OF DIPHTHERIA SHOWN IN AGE GROUPS

DISTRICT	(1) Diphtheria Admissions to Thorpe Isolation Hospital during 1946.			(2) Of (1) number of children completely immunised prior to admission.			(3) Deaths from Diphtheria during 1946			(4)
	Ages in years			Ages in years			Ages in years			
	0—4	5—15	over 15	0—4	5—15	over 15	0—4	5—15	over 15	
Blackhall	2	—	—	1	—	—	—	—	—	No Completely Immunised child died from Diphtheria during 1946
Easington	4	8	11	2	8	1	—	—	—	
Horden	6	30	14	2	12	—	—	1	—	
Haswell	1	—	—	—	—	—	—	—	—	
Hutton Henry	—	—	1	—	—	—	—	—	—	
Murton	2	10	7	—	4	1	—	—	—	
Shotton	1	16	8	—	6	—	—	1	—	
South Hetton	—	3	2	—	1	—	—	—	—	
Thornley	1	—	2	—	1	—	—	—	—	
Wheatley Hill	—	1	2	—	—	—	—	—	—	
Wingate	2	3	2	1	2	1	—	—	—	
Totals	19	71	49	6	34	3	—	2	—	

TABLE 12.

CASES OF DIPHTHERIA NOTIFIED EACH MONTH DURING 1946

Locality	Jan.	Feb.	Mar.	April	May.	June	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Blackhall	—	—	1	—	—	—	—	—	—	—	1	—	2
Easington	1	—	1	2	4	4	1	2	3	4	1	—	23
Haswell	—	—	—	—	—	—	—	—	—	1	—	—	1
Horden	6	2	—	1	1	2	2	2	7	12	6	9	50
Hutton Henry	1	—	—	—	—	—	—	—	—	—	—	—	1
Murton	—	1	2	1	4	1	1	—	—	6	3	—	19
Shotton	1	1	—	—	13	3	—	1	2	3	—	1	25
South Hetton	—	—	1	—	2	—	—	—	1	—	—	1	5
Thornley	—	—	1	1	—	—	1	—	—	—	—	—	3
Wheatley Hill	—	—	—	—	1	—	—	—	—	2	—	—	3
Wingate	—	—	—	2	1	—	—	1	3	—	—	—	7
Totals	9	4	6	7	26	10	5	6	16	28	11	11	139

INFECTIOUS DISEASES.

The main points of interest in the foregoing tables can be briefly summarized as follows :—

The number of scarlet fever notifications has remained very consistent over the last three years. There were 132 notifications in 1946 as compared with 122 in 1945 and 126 in 1944.

Diphtheria notifications increased to 139 as contrasted with 118 in 1945 and 131 in 1944.

There was a decrease in the number of cases of measles, 892 being notified as against 1313 in 1945 and 379 in 1944. The majority of these cases were notified in the latter months of the year and constituted the beginning of an epidemic prevalence of this disease which persisted into the early months of 1947.

Cases of erysipelas numbered 14.

28 cases of cerebro-spinal meningitis were notified as against 21 and 14 in 1945 and 1944 respectively. As the notifications of this disease are in many cases tentative, the figure of 7 proved cases admitted to Thorpe gives a truer index of the incidence of this disease in the district during the year. 5 proved cases were admitted to hospital in 1945.

There were six cases of puerperal pyrexia in contrast to 12 in 1945 and 8 in 1944.

Notifications of pulmonary tuberculosis numbered 82 an increase of 24 on the figure for 1945 and 13 more than that for 1944.

SECTION III.

THORPE HOSPITAL.

The admissions to the hospital during the year numbered 366, as contrasted with 308 in 1945 and 353 in 1944. Of these cases 78 were from the Seaham Urban District Authority.

The distribution of these cases under their corrected diagnoses and according to their month of admission is shown in table 13, which also shows the number of deaths due to the different diseases.

Table 14 sets out the final diagnoses under the same classifications, while table 15 indicates the place of origin of the cases under the headings of the different parishes.

Scarlet Fever.

Ninety-two cases of scarlet fever were admitted during the year, an increase of ten over the figure for 1945. Of these admissions 58 were from the Easington area.

The total number of notifications in the Easington area was 132 and the proportion of notified cases of this disease admitted to hospital was 44%.

It has been the policy to discourage whenever possible the removal of mild cases of scarlet fever to hospital provided that some form of modified isolation can be arranged at home. The Ministry of Health have for a number of years deprecated the policy of routine removal to hospital of uncomplicated cases of this disease and hold that whenever possible they should be nursed at home, thus removing them from the dangers of cross-infection, which are at present inseparable from the routine system of isolation hospital treatment as commonly practised. (Report of Chief Medical Officer of the Ministry of Health, 1937).

All cases which are ill enough to require skilled nursing or which develop complications are admitted without question, as are also those falling into the special categories mentioned in last year's report.

The number of complications developing was again fortunately small, a state of affairs which it is difficult to maintain if the wards are allowed to become overcrowded.

Scarlet fever antitoxin was administered to all except the mildest cases, and there were no deaths.

TABLE 13

THORPE ISOLATION HOSPITAL

Admissions and Deaths, 1946.

DISEASE	ADMISSIONS													DEATHS											
	January	February	March	April	May	June	July	August	September	October	November	December	Totals	January	February	March	April	May	June	July	August	September	October	November	December	Totals
Searlet Fever	7	7	8	7	3	8	9	6	10	8	8	11	92	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	5	3	7	6	7	—	2	6	11	18	11	7	83	—	—	—	—	1	—	—	—	—	2	—	—	—	3
Diphtheria Carrier	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enterie Group of Fevers	—	—	—	2	—	1	1	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	1	—	—	1	—	—	—	1	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	2	—	—	—	—	1	1	2	2	1	1	1	11	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Rubella	—	—	—	1	1	2	3	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Varieella	—	—	1	—	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pertussis	—	—	—	1	—	1	—	—	—	1	1	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epidemie Cerebro-spinal Meningitis	—	2	1	—	2	—	—	1	1	1	—	1	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Forms of Meningitis	1	—	—	—	—	3	—	1	—	1	—	—	6	1	—	—	—	—	3	—	—	—	—	—	—	—	4
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	2	2	2	—	1	1	1	—	—	1	1	—	11	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Bronchitis	1	—	3	—	1	1	—	3	—	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Respiratory Diseases	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	1	—	—	1	—	—	—	—	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin and Septic Conditions	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	1	1	—	—	1	—	—	—	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	1	1	—	—	—	—	—	—	1	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tonsillitis	4	6	4	2	20	11	4	4	6	9	3	5	78	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastro-intestinal Diseases	1	—	—	1	—	—	2	2	2	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vincent's Angina	1	—	1	—	—	2	—	1	1	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Diseases	—	—	—	—	—	—	1	—	—	1	1	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infeetious Diseases	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unclassified	—	—	—	1	1	1	1	2	—	2	2	2	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	26	22	28	23	38	33	25	32	35	44	30	30	366	2	—	—	—	1	4	—	—	—	2	—	—	—	9

TABLE 14

THORPE ISOLATION HOSPITAL

Diseases Admitted—1946.

PROVED TO BE :

SENT IN AS	Number	Scarlet Fever	Diphtheria	Diphtheria Carrier	Enteric Group of Fevers	Dysentery	Measles	Rubella	Varicella	Pertussis	Epidemic Cerebro-spinal Meningitis	Other Forms of Meningitis	Poliomyelitis	Pneumonia	Bronchitis	Other Respiratory Diseases	Erysipelas	Skin and Septic Conditions	Puerperal Pyrexia	Ophthalmia Neonatorum	Tonsillitis	Gastro-intestinal Diseases	Vincent's Angina	General Diseases	Other Infectious Diseases	Unclassified
Scarlet Fever	105	90	1	—	—	—	1	7	—	—	—	—	—	—	1	—	—	—	—	—	2	—	1	—	—	2
Diphtheria	166	2	82	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	75	—	2	1	—	2
Diphtheria Carrier	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—
Enteric Group of Fevers	7	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—
Dysentery	6	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	9	—	—	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rubella	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Varicella	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pertussis	4	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epidemic Cerebro-spinal Meningitis	33	—	—	—	—	—	—	—	1	—	9	6	—	6	6	2	—	—	—	—	—	1	—	—	—	2
Other Forms of Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Pneumonia	7	—	—	—	—	—	—	—	—	—	—	—	—	5	1	—	—	1	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Respiratory Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—
Skin and Septic Conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—
Ophthalmia Neonatorum	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—
Tonsillitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Gastro-intestinal Diseases	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
Vincent's Angina	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—
General Diseases	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Other Infectious Diseases	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Unclassified	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Totals	366	92	83	1	4	3	11	7	2	4	9	6	—	11	9	2	3	1	6	3	78	8	6	4	1	12

TABLE 15

THORPE ISOLATION HOSPITAL

Admissions under Parishes.

	Blackhall	Easington	Hutton Henry	Haswell	Horden	Hesleden	Castle Eden	Murton	Shotton	South Hetton	Thornley	Trimdon Station	Station Town	Wheatley Hill	Wingate		Seaham		Totals
Scarlet Fever	4	13	2	2	11	1	—	2	1	10	2	—	1	3	6		34		92
Diphtheria	4	4	—	5	29	—	—	10	5	1	3	1	—	2	3		16		83
Diphtheria Carrier	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		—		1
Enteric Group of Fevers	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—		—		4
Dysentery	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1		1		3
Measles	—	3	—	—	1	—	—	1	—	—	—	1	4	—	—		1		11
Rubella	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—		4		7
Varicella	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—		1		2
Pertussis	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1		1		4
Epidemic Cerebro-spinal Meningitis ..	—	1	—	1	1	—	—	1	2	1	—	—	—	—	—		2		9
Other Forms of Meningitis	2	—	—	—	1	—	—	1	1	—	—	—	—	—	—		1		6
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		—		—
Pneumonia	—	—	—	1	2	—	—	2	1	3	—	—	—	—	1		1		11
Bronchitis	—	2	—	—	1	—	—	—	1	3	—	—	1	—	1		—		9
Other Respiratory Diseases	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1		—		2
Erysipelas	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—		1		3
Skin and Septic Conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		1		1
Puerperal Pyrexia	—	—	—	—	1	1	—	2	—	—	—	—	2	—	—		—		6
Ophthalmia Neonatorum	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—		—		3
Tonsillitis	—	18	1	—	15	—	—	8	19	3	—	—	—	1	4		9		78
Gastro-intestinal Diseases	—	1	—	1	1	—	—	—	—	2	1	—	—	—	1		1		8
Vincent's Angina	—	1	—	—	—	—	—	—	—	2	—	1	—	—	1		1		6
General Diseases	1	—	—	—	1	—	1	—	1	—	—	—	—	—	—		—		4
Other Infectious Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		—		1
Unclassified	—	2	—	—	6	—	—	—	—	—	—	—	1	—	—		3		12
Totals	13	51	3	10	72	3	1	28	32	27	8	3	9	6	22		78		366

DIPHTHERIA.

There was again a decline in the number of diphtheria admissions, which numbered 83 as contrasted with 103 in 1945 and 177 in 1944. Of these 83 cases 16 were from the Seaham Urban District.

The type of diphtheria with the number of fatal cases in each group is shown in the following table.

Types	Cases	Deaths
Nasopharyngeal ..	18	2
Faucial ..	64	—
Laryngeal ..	1	1
Total ..	83	3

Two of the fatal cases died within 24 hours of admission.

The case mortality rate for all types was 3.6%.

The following table indicates the incidence of the various types in age groups :—

	0—1	1—2	2—5	5—10	10—15	15—25	25—45	over 45	Total
Nasopharyngeal ..	—	—	2	8(1)	5(1)	2	1	—	18(2)
Faucial ..	—	—	8	23	18	9	4	2	64
Laryngeal ..	—	—	—	1(1)	—	—	—	—	1(1)
Total ..	—	—	10	32(2)	23(1)	11	5	2	83(3)

Figures in parenthesis indicate deaths.

In 18 cases where virulent organisms persisted in the throat after recovery from the disease tonsillectomy was performed by Mr. Marshall, the Throat, Nose and Ear consultant to the hospital. Two cases were transferred to Sunderland Borough Infectious Diseases Hospital for similar treatment. In all cases this procedure rendered the patient free from infection after a short period.

One diphtheria carrier was admitted during the year.

Meningococcal Meningitis.

Nine proved cases of this disease were admitted during the year, all of which recovered.

The age and sex distribution of these cases is set out in the following table :—

Ages	0–1	1–2	2–5	5–15	15–25	25–45	45 up	Total
Males	1	—	3	1	—	—	2	7
Females	—	1	—	—	—	1	—	2
Total	1	1	3	1	—	1	2	9

There were no deaths.

Enteric Fever.

Four cases of this disease, all due to the paratyphoid B type of organism were admitted during the year.

They consisted of two families, with two persons affected in each.

In the first family the elder brother had previously been operated on for appendicitis in a neighbouring hospital and was subsequently transferred to Thorpe. The younger brother had had a transient attack of diarrhoea about ten days previously without and other signs of illness, but on investigation was found to have a positive Widal reaction, and to be excreting the organism.

In spite of detailed enquiries the source of the infection could not be found.

The second group consisted of the mother of a family and her eldest son. The mother was the first to be admitted with a clinical attack of moderate severity. Subsequent bacteriological investigation showed the elder son to be excreting the organism, and enquiry elicited that he had had a transient illness, thought to be influenza, about a fortnight before his mother's admission to hospital.

Further investigation revealed that the younger son, aged 14, had also had a transient illness at the same time while away on holiday. His blood was found to give a positive Widal but

his stools were negative and he was therefore not admitted to hospital. The father gave no history of recent illness and his blood and stools were both negative.

The remaining member of the family, a daughter aged 17 was at home at the time doing domestic work. She gave a rather vague history of an attack of diarrhoea some five to six weeks previous to the onset of the other cases, but the illness was not so severe as to confine her to bed. Her blood gave a positive Widal reaction but her stools were negative.

It would appear that she was probably the primary case and infected the other members of the family with the exception of the father, though no reason for the escape of the latter could be found.

The source of her infection could not be definitely ascertained. It was elicited that about a fortnight before the beginning of her mild indisposition she had been discharged from an E.M.S. hospital situated in a neighbouring area where she had been a patient for a month undergoing a minor operation. Cases of paratyphoid B infection had occurred in this district but careful enquiry by the Medical Officer of Health of the area showed no connection between the hospital and these latter cases.

Dysentery.

Three cases of dysentery, all of the Sonne type were admitted during the year : a child of 2, a boy of 8, and a woman of 52.

All were sporadic cases and the source of the infection could not be traced in any one of them.

Food Poisoning.

Three cases of illness owing to infection with an organism of the food poisoning group were admitted during the year. In each case the infecting organism was salmonella aertrycke.

The first two cases consisted of a mother and her son and the account of their illness is of some little interest.

The mother received a present of one duck egg together with some hens' eggs from a farm in the area of a neighbouring authority. The duck egg was kept for a few days and then fried by the mother for the son's dinner together with some chips.

He ate half of the egg and said that he did not like it. The mother, apparently being of an economical turn of mind, fried some more chips and ate the remainder of the egg herself.

On the evening of that day the mother became seriously ill with violent diarrhoea and after a couple of days of intense vomiting and diarrhoea was sent into hospital by her doctor. The son appears to have slept all right on the night following the consumption of half the egg but in the early hours of the following morning he too was afflicted with diarrhoea and vomiting. The illness does not appear to have been so severe in his case but he was sent into hospital together with his mother.

Two other members of the family did not partake of the duck's egg and remained in good health.

Salmonella aertrycke organisms were recovered from the stools of both these patients who made good recoveries.

Cases of food poisoning due to to the consumption of ducks' eggs are not infrequent, but it is unusual for two persons to be infected by the same single egg.

The third case of infection with salmonella aertrycke bacillus was a woman of forty. The infection was of a milder type and the patient made a good recovery. The source of infection could not be traced.

NURSING STAFF.

In April 1946 a detailed report on the nursing staff at Thorpe Hospital was presented to the Health Committee and was subsequently approved by the Council.

In view of its relative importance this report is printed *in extenso* as an appendix to this section of the annual report.

Two main recommendations were accepted ; firstly that the Rushcliffe scale of salaries and conditions of service should be adopted for the entire nursing staff, and secondly that the number of trained staff should be increased and the accommodation improved with a view to securing for the hospital the status of an affiliated training school for fever nurses.

By the end of the year the post of Assistant Matron/Sister Tutor had been filled by the appointment of Miss R. Dodds, S.R.N., R.F.N., and a commencement had been made with elementary nursing tuition. Two additional fever trained nurses were appointed during the latter months of the year.

Plans for the purchase and erection of additonal hutted accommodation for the nursing and domestic staff had also been passed by the Council and approved by the Ministry of Health.

Miss D. Green resigned from the post of Matron in October and was succeeded by Miss W. Edwards. Miss Green carried out a reorganisation of the nursing and domestic arrangements and introduced several improvements in her comparatively short tenure of the post of Matron.

Structure and Furnishings.

Only minor repairs and renewals were carried out during the year, but the kitchens were re-painted and some minor improvements carried out.

Laboratory Work.

Under the arrangement with the County Council an increased number of specimens was sent to the Joint Committee's Public Health Laboratory at King's College, Newcastle, but the small laboratory established at the hospital was in constant use for the examination of urgent specimens.

APPENDIX.

REPORT ON NURSING STAFF AT THORPE HOSPITAL

Introduction.

Early in 1943, in view of the improved status which it would give to the hospital, the then Medical Officer of Health made enquiries as to the possibility of Thorpe Isolation Hospital becoming a training school for fever nurses.

It was found that with the limited number of beds available it would be impossible for the hospital to be a full training school but that it might be possible, under certain conditions, for it to become an affiliated training school in conjunction with the Sunderland Borough Hospital for Infectious Diseases. Under this arrangement probationer nurses accepted for training would undergo a two and a half years' course, one and a half of which would be spent at Thorpe Hospital and one year at the Sunderland Borough Hospital.

Many difficulties presented themselves at that time, chief of which was the provision of an adequate number of trained staff, and it was eventually decided that the project would have to be abandoned until after the war (Health Committee minute 24th June, 1943). Meanwhile in view of the great difficulty of securing nursing staff a new scheme of pay and conditions of service had been adopted by the Council in August 1942.

The Rushcliffe Report.

In February 1943 the first report of the Nurses Salaries Committee, now commonly known as the Rushcliffe Report, was presented to the then Minister of Health. The Minister welcomed the recommendations of the Committee as to salaries, emoluments and conditions of service of female nurses in hospitals and commended them to hospital authorities for adoption on the date proposed by the Committee, namely April 1st, 1943.

The Minister recognised that the adoption of the proposals would mean an increase in the expenditure of most hospital authorities on the salaries of their nursing staff, and stated that he was prepared, pending the settlement of the post-war hospital arrangements, to assist local authorities in giving effect to the proposals by undertaking to pay from the 1st August, 1941 a grant equivalent to half of the additional expenditure involved in respect of the nurses concerned.

It was furthermore laid down that to qualify for this assistance it would be necessary for local authorities to adopt the Committee's proposals as a whole, and no grant would be paid if they were adopted only in part, nor would the payment of any amount in excess of the scales recommended by the Committee rank for grant.

Owing to a number of difficulties and anomalies, chief among which was the lack of qualified senior staff, it was felt at the time that no application for grant could be made by this Authority, but the position is now being re-explored by the Accountant, after discussing the question with the Officers of the Regional Office of the Ministry of Health.

The Nurses Act, 1943.

In 1943 the Nurses Act was introduced, which enacted far reaching changes in the law regarding nurses. Chief among these is the restriction of the use of the title " nurse " to State Registered Nurses or enrolled Assistant Nurses or to persons undergoing training for admission to the State Register or to the Assistant Nurses Roll. Any person who does not come into these categories commits an offence if they take or use the name or title of " nurse," either alone or in combination with any other words or letters. There are certain exceptions to the rule e.g. midwives, children's nurses, etc.

The effect of this Act which came into force on 15th October 1945 will be to make the staffing of small isolation hospitals such as Thorpe Hospital, a matter of the greatest difficulty unless they can attain the status of affiliated Training Schools.

They will have to be staffed by a high proportion of trained staff who are difficult to obtain and who are also very costly, together with a certain number of younger girls who have no serious intention of becoming trained nurses and are merely filling in time. These latter will have no status and will not be allowed to use the title of "nurse."

On the other hand it is thought that if the hospital became an affiliated training school a satisfactory number of student nurses would be forthcoming from among the large population in the area.

Report of the General Nursing Council.

In view of the greatly altered position caused by the Nurses' Act of 1943 it was decided early in 1946 to take up the matter again with the General Nursing Council. An inspector of the Nursing Council visited the hospital on January 30th and made a report to the Education and Examination Committee of the Council.

The decision of this committee was received in a letter dated March 25th. Briefly it states that they are unable to recommend the hospital for approval as an affiliated training school at the present time for two reasons.

1. The inadequate number of trained staff.
2. The poor accommodation provided for the nursing staff.

The letter states, however, that when these two matters have been rectified the committee will be willing to give the question further consideration with every likelihood of approval being forthcoming.

These two criticisms were not unexpected, especially the latter, reference to which was made in the report on the hospital presented to the Health Committee by the Medical Officer of Health in May 1945.

In verbal conversation with the inspector the Matron and Medical Officer were given to understand that to bring the staff up to the number and standard required for an affiliated training school it would be necessary to make the following additions to the staff :—

One assistant Matron/Sister Tutor,
One Night Sister,
Two Ward Sisters,
Two Certified Staff Nurses,
Ten additional Student Nurses.

Where the designation "sister" is used it would imply a doubly qualified person, i.e. both General and Fever trained.

While this may seem a large increase it is the minimum considered suitable for the proper instruction of student nurses up to State Examination standard.

Suggested Scheme.

As regards the second point, namely the accommodation provided for the nursing staff, information was sought from the Senior Regional Medical Officer of the Ministry of Health as to the possibility of obtaining accommodation of a temporary nature, e.g. huts.

He stated that fairly high priority was being given to all schemes for the improvement of the accommodation for nurses in hospitals, and suggested that a scheme be drawn up by the Engineer and Surveyor in consultation with the Ministry of Health Architect for the area.

It is suggested that two huts be procured. One of these should contain twelve to fourteen single rooms together with the necessary bath and lavatory accommodation. This would enable the occupants of a floor of the nurses' home to be transferred and so provide single rooms for most members of the staff. In the case of the more senior members bed-sitting rooms could be provided.

The second hut would be divided into two halves; one would provide additional sitting room accommodation for the nursing staff, while the other would be used as a lecture room and demonstration room for the training of student nurses.

If and when this additional accommodation has been provided it will be possible to advertise for the required trained staff.

Rushcliffe Report and Thorpe Hospital.

There is, however, one further matter which must be considered before there is any possibility of attracting trained staff to the hospital. It is also a matter which should be taken up quite apart from the question of whether the hospital becomes an affiliated training school or not. It is the adoption of Rushcliffe pay and conditions for the whole of the nursing staff employed.

This scale of pay and conditions, which is now generally known as the Rushcliffe scale, embodies the recommendations set out in the Report of the Rushcliffe Committee issued in February, 1943 as already mentioned earlier in this report.

Since that date it has been amended and amplified in several directions, and is now in operation in practically every hospital in the country, apart from mental hospitals. It is so generally accepted that most nursing advertisements in setting out their terms of service simply state " Rushcliffe Scales and Conditions."

The effect of the adoption of Rushcliffe Scales at Thorpe Isolation Hospital can be summarised under three headings :—

1. Pay :—In the case of certain members of the staff, more particularly the trained members, the rates of pay would be increased. Other members of the nursing staff are, however, receiving rates of pay in advance of those commensurate with their training and qualifications.

   It is suggested that in future all appointments be made on the Rushcliffe scale and conditions, but that no present member of the staff be adversely affected as regards pay by the introduction of the scale.

2. Hours of Duty :—The Rushcliffe Report recommends a ninety-six hour fortnight, exclusive of meal times, as the proper working hours for nursing staff. Many hospitals have not as yet been able to implement these hours of duty, but are making every effort to do so.

   When the new scheme of pay and conditions of service at Thorpe Isolation Hospital was adopted by this Council in August 1942 it would appear that meal times were included in the ninety-six hour fortnight.

   It is probable that the results of this were not clearly foreseen at the time, but it has had several undesirable effects. One result has been that the nurses are actually on the wards for only eighty-six hours per fortnight, with the consequence that, although on paper there may be an adequate staff on duty, in effect at many parts of the day the wards are definitely under-staffed and the patients do not always receive as much attention as they should. It is only the fact that the hospital has been running quietly during the last year to eighteen months which has prevented serious difficulties arising.

   With the constant changes and improvements in medical technique now being introdueed, and with the necessity for giving lectures, which under the Rushcliffe Report should as far as possible be given in duty hours, it is becoming absolutely essential that the nurses should spend at

least forty-eight hours per week on the wards. Furthermore the Nursing Inspector stated that it was highly improbable that any hospital should be approved as a training school where the time on the wards was less than this, as it was considered impossible satisfactorily to train nurses in any less period. It is also improbable that a grant would be given by the Ministry of Health unless forty-eight hours per week were worked by the nursing staff.

There have been other unsatisfactory repercussions from the arrangements made in 1942. In order satisfactorily to staff the wards the Medical Officer and Matron found it necessary to reduce the time allowed for dinner to half an hour, and to insist on the mid-morning lunch being taken on the wards, both of which procedures are undesirable.

If the ninety-six hour fortnight exclusive of meal times is reverted to it will be possible to allow the staffs a full hour for their dinner, thus giving the necessary period for relaxation and rest after the meal which is so very desirable. It will also be possible to bring the staffs off the wards for a fifteen minutes break for refreshment during the middle of the morning. The consumption of food stuffs by the staffs on infectious diseases wards is much to be deprecated.

3. Holidays :—The Rushcliffe Report recommends that twenty-eight days' leave with pay should be given to all grades of nursing staff each leave year, and that by arrangement with her employing authority a nurse should be at liberty to have her annual leave in one or more parts.

At present the nursing staff at Thorpe Hospital receive twenty-one days' leave with pay each year, and the number of days' holiday would therefore be increased by seven.

For the reasons set out above it is felt that the adoption of Rushcliffe scales and conditions of service in their entirety, in addition to the provision of improved accommodation, is an essential preliminary to the hospital being recognised as an affiliated training school, in that their adoption would attract more trained staff. A recent advertisement for a certificated nurse as staff nurse brought no replies. It would also enable a more satisfactory standard of staffing to be maintained on the wards. It must be remembered that nurses of all types are very difficult to obtain, and that any degree of understaffing on the wards can only react unfavourably on the patients.

Conclusion.

The greater portion of this report was drafted before the terms of the National Health Service Bill were published, under which it would appear that Thorpe Hospital will eventually pass from the control of the District Council to a Regional Hospital Board. This transfer, however, cannot take effect for some considerable time and it is thought that in the meantime the Committee will wish to improve the status of the hospital and, when the time comes, hand it over to the Regional Board in an efficient state.

Summary.

(1) The advantages which would accrue from Thorpe Isolation Hospital becoming an affiliated training school for fever nurses are set out.

(2) The position of the nursing staff at the hospital consequent upon the passing of the Nurses Act 1943 is stated.

(3) The advisability of the adoption of Rushcliffe scales of pay and conditions of service for the nursing staff, together with provision of improved accommodation, is urged as an essential preliminary to the hospital becoming an affiliated training school, and as a means of attracting trained nursing staff to the hospital.

E. F. DAWSON-WALKER,

Medical Officer of Health.

18th April, 1946.

SECTION IV.

DIPHTHERIA IMMUNISATION.

Administration.

The Council's diphtheria immunisation scheme, which provides free immunisation against diphtheria up to the age of 15 years, has continued to operate during the year.

The Ministry of Health in their circular 194/45 placed the responsibility for the immunisation of children under 5 as from January 1st 1946 upon the welfare authorities, which in the case of this district is the Durham County Council.

The chief result of this change of policy in so far as it affected this area, was the institution of arrangements for the immunisation of children in this age group at maternity and child welfare centres of the county.

At the same time the County Medical Officer was informed in response to a query from himself, that this district council desired to continue the existing arrangements for the immunisation of children in conjunction with work undertaken at the welfare centres. The County Medical Officer agreed to this course, and the scheme which was previously in force was continued, the only change being that this council now acts as the agent for the County Council in so far as the under 5 age group is concerned.

The cost of immunising these children is refunded by the County Council, who also bear a proportion of the administration charges. A set of record cards is maintained by both authorities, information being exchanged regarding the children immunised under the two sections of the scheme, that is by practitioners and by the welfare medical officers.

Propaganda.

In the summer of 1946, following the issue of the articles dealing with immunisation in the Ministry of Health's Monthly Bulletin, an intensive campaign, conducted chiefly by advertisements in the buses operating in the area, was undertaken with the object of "getting over" to the public two points. Firstly the advisability of commencing the immunising process at an earlier date than had hitherto been usual was emphasised, the suggested time being six months or as soon after as possible. The purpose of this is to ensure that immunity is fully established by the infant's first birthday. Secondly the necessity was stressed for a further reinforcing, or "booster," dose before starting school.

For the rest propaganda has been confined to newspaper advertisements in the local press and the showing of slides in many of the local cinemas. Some literature has been distributed through a secondary school, but the best channels for personal propaganda, such as schools, welfare centres and the health visitors, are not under the control of this authority.

A scheme for the sending of birthday cards on their first birthday to all children born in the area had been instituted in 1945. It was found, however, that the County Council had also started a similar scheme in the early part of 1946, and in view of this fact the local scheme was given up.

Statistics.

The statistics regarding the year's work are set out below in the form suggested by the Ministry of Health in the Monthly Bulletin for September, 1944.

It will be seen that of the child population under five years of age 43.19% have been immunised, and of those between the ages of five and fourteen years inclusive 70.63% have been immunised. The percentage of children of fifteen years and under who have been immunised is 61.15.

Total population of children under 15 years of age in Easington Rural District estimated as living at mid-year		21100
Immunised children at risk one year :—		
Number immunised before January 1st, 1946		12865
Number immunised :—		
January 1st to June 30th	628	
Three-quarters thereof		471
July 1st to December 31st	517	
One-quarter thereof		130
Total child years at risk for immunised		13466
Non-immunised children ; total child-years at risk (difference 21,100-13,466)		7634

Table 16 shows the total number of children in the district who have been immunised since the commencement of the scheme in 1942, and table 17 the number of children finally diagnosed as suffering from diphtheria during the year and the number of deaths, divided into those who had been immunised and those who had not, and into age groups 0-1, 1-5, 5-10, 10-15 years.

The distribution as between practitioners and welfare centres of the under 5 group who were fully immunised in 1946 is as follows :—

Under 5 years.

Practitioners	827
Welfare Centres	168

The numbers of reinforcing doses given during the year and the distribution as between the two schemes is shown below :—

	January to June	July to December	1946
Practitioners	8	59	67
Welfare Centres	2	3	5
Total	10	62	72

TABLE 16.

Table of Diphtheria Inoculations

Age at date of inoculation	1942	1943	1944	1945	1946	Ratio of inoculated to total population at the end of 1946.
Under 1 year	18	84	110	26	28	
1+	440	393	571	495	493	
2+	306	154	331	93	347	Total under 5 years of age 3149 being 43.19% of the population of this age.
3+	442	183	211	33	83	
4+	489	189	220	34	44	
5+	495	132	167	43	32	
6+	497	361	152	46	22	
7+	514	270	142	49	18	
8+	900	323	174	27	22	
9+	768	132	165	16	13	Total 5-14 years of age 9754 being 70.63% of the population of this age.
10+	769	123	167	19	20	
11+	226	172	152	31	10	
12+	98	298	123	7	9	
13+	43	126	89	—	3	
14+	9	97	38	23	1	
15+	—	55	4	1	1	
Total	6014	3092	2816	943	1146	

TABLE 17.

Age at date of Notification	Number of cases diagnosed as suffering from diphtheria	Number of cases included in preceding column in which the child had completed a full course of immunisation	Age at date of death	No. of Deaths	Number of cases included in preceding column in which the child had completed a full course of immunisation
0 — 1	—	—	0 — 1	—	—
1 — 5	9	3	1 — 5	—	—
5 —10	27	7	5 —10	1	—
10—15	18	10	10—15	1	—
	54	20		2	—

SECTION V.

TUBERCULOSIS

TABLE 18.

Number of Cases on Register at 31st December, 1946.

PULMONARY.			NON-PULMONARY.			TOTAL
Male	Female	Total	Male	Female	Total	CASES
207	189	396	185	186	371	767

TABLE 19.

New Cases and Mortality, 1946.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1	—	—	—	2	—	—	—	1
1 to 2 + ...	—	1	1	1	—	—	1	—
3 — 4 + ...	2	—	1	1	—	—	—	—
5 — 9 + ...	—	4	9	9	—	1	—	—
10 — 14+	3	—	4	—	—	—	2	—
15 — 24+	12	16	3	4	3	3	3	1
25 — 34+	12	5	—	1	6	1	—	1
35 — 44+	8	5	2	—	3	1	1	—
45 — 64+	10	4	1	—	6	—	—	—
65 and upwards	—	—	—	1	—	—	—	—
	47	35	21	19	18	6	7	3

BACTERIOLOGICAL EXAMINATIONS DURING 1946.

	Total	Positive	Negative
Phthisis	298	28	270

TABLE 20.

COMPARATIVE TUBERCULOSIS STATISTICS FOR RECENT YEARS.

YEAR	NEW CASES						DEATHS						No. on Register at end of Year					
	Pulmonary			Non-Pulmonary			Pulmonary			Non-Pulmonary			Pulmonary			Non-Pulmonary		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1937	32	23	55	31	39	70	28	21	49	6	9	15	98	83	181	122	116	238
1938	26	22	48	25	35	60	27	24	51	4	8	12	98	82	180	129	132	261
1939	42	24	66	40	34	74	18	17	35	10	2	12	118	74	192	154	148	302
1940	33	17	50	19	34	53	27	16	43	4	3	7	123	74	197	154	169	323
1941	24	22	46	28	29	57	21	13	34	6	2	8	126	86	212	172	185	357
1942	38	35	73	41	36	77	18	10	28	6	3	9	147	113	260	202	217	419
1943	29	30	59	18	28	46	20	17	37	8	4	12	167	140	307	208	228	436
1944	32	37	69	22	29	51	13	10	23	5	7	12	183	165	348	211	233	444
1945	29	29	58	26	27	53	17	18	35	5	4	9	189	174	363	206	218	424
1946	47	35	82	21	19	40	18	6	24	7	3	10	207	189	396	185	186	371

TABLE 21.

Deaths from Pulmonary Tuberculosis between the ages of 15 and 25 years, during the past 10 years.

Year	Male	Female	Total	Percentage of Total Pulmonary Deaths
1937	5	5	10	20%
1938	8	9	17	33%
1939	1	4	5	17%
1940	7	6	13	30%
1941	5	4	9	27%
1942	6	9	15	54%
1943	9	7	16	43%
1944	1	4	5	21%
1945	3	8	11	31%
1946	3	3	6	25%

TABLE 22.

The following Table shows the number of deaths from Tuberculosis (all ages) during the past five years—the figures in parenthesis indicating deaths occurring in previously notified cases of Tuberculosis.

YEAR	PULMONARY			NON-PULMONARY		
	Male	Female	Total	Male	Female	Total
1942	18 (14)	10 (9)	28 (23)	6 (3)	3 (—)	9 (3)
1943	20 (18)	17 (9)	37 (27)	8 (2)	4 (2)	12 (4)
1944	13 (9)	10 (7)	23 (16)	5 (—)	7 (1)	12 (1)
1945	17 (13)	18 (13)	35 (26)	5 (3)	4 (3)	9 (6)
1946	18 (16)	6 (6)	24 (22)	7 (4)	3 (2)	10 (6)
Total	86 (70)	61 (44)	147 (114)	31 (12)	21 (8)	52 (20)

TUBERCULOSIS

The main points of interest in the foregoing tables can be summarized as follows :—

82 new cases of the pulmonary form of the disease were notified during the year, 47 of whom were males and 35 females. This was an increase of 24 upon the figure for 1945 which was 58, made up of 29 males and 29 females.

New notifications of the non-pulmonary form of the disease numbered 40, a decrease of 13 from the number for 1945.

The deaths from the pulmonary form of the disease showed a decrease from 35 in 1945 to 24, while in the non-pulmonary form the number of deaths was 10, as against 9 in 1945.

The number of new cases among females in the 15 to 35 age group formed 48.1% of all new female cases.

The mortality rate for the district for the respiratory form of the disease in 1946 was 0.301 per thousand of the population, which contrasts favourably with the figure of 0.464 per thousand for England and Wales as a whole. On the other hand the mortality rate for the district in the non-pulmonary type of the disease, which was 0.126 per thousand, compares less satisfactorily with the national rate for 1946 of 0.083 per thousand.

SECTION VI.

SCABIES.

The clinic for the treatment of this disease has been in operation at Horden throughout the year. The building used was formerly a gas cleansing station and is far from ideal for the purpose, but shortage of labour and material have prevented the carrying out of any adaptations or improvements. The Medical Officer of Health attends weekly to examine women and children referred to the clinic by School and Child Welfare Medical Officers and by General Practitioners. The treatment is carried out by a staff consisting of one trained nurse and two helpers. During 1946 adult male cases were examined by their own doctors and treated at Leeholme Hospital by a staff recruited from local ambulance workers.

As mentioned in the report for last year this latter arrangement has not been found satisfactory in practice, and all treatment has now been centralised at the Horden clinic.

The staff have carried out good work with the limited facilities available. The fares of all patients attending the clinic are refunded.

Statistics of the work carried out under the scheme during the year are as follows :—

No. of patients attending for examination ..	239
No. of patients attending found to be suffering from scabies	196
No. of patients treated for scabies and cleared of the disease	159

SECTION VII.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

The water undertakings supplying the district are :—
Sunderland and South Shields Water Company.
Horden Collieries Limited.
Wingate and District Water Company.
Wheatley Hill Colliery.
Easington Rural District Council.

The water supply, which is of a high standard of purity, has been satisfactory in quality but barely adequate in quantity to meet the needs of the district.

Five samples of water were sent for chemical and bacteriological examination, and the results of all were satisfactory.

A typical chemical analysis and bacteriological examination is as follows :—

Chemical Analysis.	Parts per 100,000
Total Solids	49.6
Chlorine as Chloride	5. 36
Chlorine expressed as Sodium Chloride	8.84
Nitrogen as Nitrates	0.20
Nitrogen as Nitrites	Nil.
Free Ammonia	Nil.
Albuminoid Ammonia	0.0010
Alkalinity	28.72
Total Hardness (degrees)	27.9
Colour (Hazen degrees)	less than 5
Suspended matter	Nil.
Iron	Nil.

Bacteriological Examination.

Organisms visible on agar after incubation at 37 °C. for 48 hours	1 per cc.

Coliform Organisms	1 cc.	10 cc's.	100 cc's.
	nil.	nil.	nil.

With regard to plumbo-solvent action, no evidence has ever been found that this is present in any water used in this district, probably owing to the fact that all the water without exception, is from magnesium limestone and has a permanent and temporary hardness of 25—30°.

Particulars of the number of dwelling houses and the number of the population supplied from public water mains (a) direct to houses, (b) by means of stand-pipes, are given in the following table :—

LOCALITY	1 Estimated population	2 Area in acres	3 Number of houses	4 No. of Houses with mains supply direct to houses	5 No. of Houses with mains supply from stand pipes	6 No. of Houses without mains supply
Burdon ..	112	1286	33			
Seaton with Slingley ..	333	1392	140	166		
Warden Law ..	68	500	19			
Castle Eden ..	416	1542	154	464		
Cold Hesledon	1316	1030	303			
Dalton-le-Dale ..	401	811	253	433	97	
Easington with Thorpe	11969	3716	3026	2892	8	7
Haswell	3039		775			—
South Hetton ..	3695	3766	984	1421	240	2
Hutton Henry ..	604		178			3
Station Town ..	2622	2016	686	701	113	—
Hawthorn ..	267	1414	129	118		2
Blackhall ..	5885		1947			
Hesledens ..	1448	2654	484	2250	85	
Murton East ..	9393	1406	2596	1864	630	
Sheraton with Hulam.. ..	148	2346	50	—	—	41
Nesbit	8	333	3	—	2	—
Shotton	6459	2270	1854			1
Horden ..	13206	2453	3759	5406		—
Thornley ..	4603	1148	1281	1174	30	
Wingate	4559		1221			7
Wheatley Hill ..	7056	4570	1750	2931	18	—
Trimdon ..	1993		491			—
TOTALS ..	79600	34653	22116	19720	1223	63

PUBLIC CLEANSING.

(Contributed by the Cleansing Superintendent).

Public Cleansing.

The collection and disposal of refuse etc. is carried out by the Cleansing Department for the whole of the rural area, which service has been in operation as a central department since October, 1932.

During the year 1946, the refuse vehicles used for cleansing work generally in the rural area are five Morris Refuse Collectors, four S & D Freighters and two Karrier Bantams which are engaged full time, in addition there are twenty-one horsedrawn vehicles. All vehicles for cleansing are provided with iron sliding covers which are not only a protection against the spilling of the refuse, but are also a prevention against any dust nuisance.

The disposal of all refuse (except a small quantity supplied to farmers and allotments) is semi-controlled, this being done in layers as far as possible which is an additional precaution against fire occurring.

Since the end of April 1940 to date, the Cleansing Department has been responsible for the salvage of paper, metals, rags and bones, etc., and records prove that by the amounts disposed of the collection of salvage has been successful. The work of salvage is still being carried out except that apart from paper the quantities of metals, rags and bones are nearly negligible.

SECTION VIII.

REPORT OF THE SENIOR SANITARY INSPECTOR.

To the Medical Officer of Health.

Sir, I have much pleasure in submitting a report of the work completed by my section of the department during the year 1946.

The following table shows the principal nuisances dealt with :—

PUBLIC HEALTH ACTS.

Nature of Nuisance	No. of Visits	Notices Served		Nuisances Abated
		Informal	Formal	
Foul Conditions	42	11	—	6
Structural Defects	201	59	1	46
Ashpits & Privies	6	—	—	8
Deposits of Refuse and Manure	61	14	—	11
Waterclosets	148	45	—	38
Defective Yard Paving	26	9	—	4
House Drainage—				
Defective Traps	72	20	—	17
Other Faults	110	27	1	18
Water Supply (Defective Fittings)	57	13	—	14
Animals improperly kept	39	12	—	5
Smoke Nuisances	—	—	—	—
Other Nuisances	13	2	—	—
Rat Infested Premises	8	—	—	—
Dustbins	124	45	13	42
Public Halls & Cinemas	61	1	—	2
Licensed Premises	68	3	—	3
Verminous Premises—				
Council Houses	38	4	—	3
Private Houses	16	9	—	—
Infectious Diseases Enquiries	536	—	—	—
Infectious Diseases Disinfections	369	—	—	—
Tents, Vans & Sheds	15	2	—	—
	2010	276	15	217

Closet Accommodation.

The number of sanitary conveniences in the district are :—

Water Closets	23,468
Ash Closets	138
Privy Middens	103
Pan Closets	74

There were 10 conversions to water closets during the year.

Schools.

All schools in the district have been inspected in connection with closet accommodation and washing facilities. It was not found necessary to close any school on account of infectious disease.

Smoke Abatement.

Burning Spoilbanks—Since the relaxation of war-time emergency regulations regarding the control of Colliery Spoilbanks, there has been a gradual increase of the number of spoilbanks on fire in the district.

Action was taken at Deaf Hill, Wheatley Hill, Thornley, Shotton and Murton.

A certain measure of control was achieved at Wheatley Hill, Thornley and Deaf Hill by the means of water sprayed on to the face of the tips ; at Shotton the coke quenching water was pumped up to the top of the heap and played on to the burning parts, and at Murton the newly dumped waste was levelled by a caterpillar tractor.

There is no doubt that if these controls were practised the whole of the time, there would be little or no nuisance, but owing to breakdown of pumps and machinery, lack of water pipes and inadequate water supply, there has been several occasions at all the Collieries mentioned, when the burning heaps have caused a serious nuisance. After interviews with the various colliery managers, the nuisances were mitigated, but I feel that there will be no effective control of burning spoilbanks as long as the cost is allowed to deter Colliery Companies from taking the full measures necessary, notwithstanding the danger to health.

Burning spoilbanks were under control during the war years, and there is no reason why this should not continue in peace time.

Movable Dwellings.

No applications were received for licences to occupy huts, caravans, etc.

Verminous Premises.

17 houses were disinfested for the presence of bed-bugs, of these 16 were Council Houses and 1 private dwelling. An account was rendered in the case of the private dwelling for time and materials expended.

Disinfection of Premises and Persons.

536 visits and re-visits were made to houses in cases of infectious diseases, and the following table shows the number of disinfections carried out during the year :—

Scarlet Fever	124
Diphtheria	140
Meningitis	25
Erysipelas	—
Chicken Pox	2
Tuberculosis	60
Cancer	1
Diarrhoea	—
Bronchitis	—
Para-typhoid	2
Measles	—
Poliomyelitis	—
Typhoid	2
Dysentery	1
	357

Licensed Premises, Clubs, etc.

68 inspections of public houses and clubs.
3 informal notices were served on occupiers.
3 outstanding notices were complied with.

Cinemas and Public Halls.

61 inspections were made regarding heating, lighting, ventilation and closet accommodation.
1 informal notice was served.
2 outstanding notices were complied with.

Rodent Control.

The initial treatment of sewers having been completed, maintenance treatment was carried out twice during the year, resulting in the destruction of 4405 rats (estimated).

SEWERS

	Manholes Baited	Estimated number of rats destroyed	Approximate Cost	Recoverable by Grant	Nett cost to Council
Maintenance Treatment	3646	4405	£571 18 10	£171 11 8	£400 7 2
Total	3646	4405	£571 18 10	£171 11 8	£400 7 2

LANDS AND PREMISES

	Number dealt with	Degree of Infestation	No. of Baiting Points	Estimated No. of rats destroyed	Approximate cost	Recovered from Occupier or Min. of Food	Nett cost to Council
Council Tips	3	3 major	64	180	£20 16 0	—	£20 16 0
Council Sewage Works	4	4 major	36	212	£2 12 5	—	£2 12 5
Business Premises	15	9 major 6 minor	212 24	702 60	£72 7 10	£62 17 10	£9 10 0
Private Dwellings	32	1 major 31 minor	30 95	60 264	£43 0 7	£28 11 4	£14 9 3
Total	54	17 major 37 minor	461	1478	£138 16 10	£91 9 2	£47 7 8

The free treatment clause regarding private dwellings incorporated in Circular N.S. 12 allowed the Rodent Officer more freedom to operate, and the results were most gratifying.

The co-operation between various concerns when it was found necessary to carry out a major disinfestation affecting a number of owners and the War Agricultural Committee was excellent and results of " block " disinfestation proved satisfactory.

Council Tips were inspected regularly during the year and a decided improvement was evident in the majority of tips in the district.

Housing.

76 new houses were built during the year and 100 prefabricated dwellings were erected.

56 vacant council houses were inspected and of these 4 were found to be verminous.

The number of complaints relating to housing defects was again very heavy, and owing to the serious shortage of both skilled labour and material, a large percentage of the work necessary to make the houses reasonably fit cannot be undertaken. In consequence of this the general condition of houses throughout the district continues to become worse.

Overcrowding.

214 applications for Council Houses were received, investigated and recorded. In the majority of cases a report on living conditions was forwarded to the Local Housing Committees.

Building Licences.

A considerable increase in the number of inspections made during the year was recorded. 746 applications for licences were received necessitating a great deal of investigation. In consequence of this extra work, the statutory duties of the District Inspectors had to be curtailed.

Inspections under the Housing Act 1936.

Number of visits and re-visits	701
Number of informal notices served	104
Number of statutory notices served	10
Number of notices complied with	67

Factory Act 1937.

Regular inspection of premises controlled by the above Act has been maintained, principally in connection with—sanitary accommodation, heating, lighting, ventilation, cleanliness, etc.

Two notices drawing attention to defects have been received from H.M. Inspector of Factories. These defects were dealt with and rectified.

Premises	Number on Register	Inspections	Notices Served	Occupiers Prosecuted
Factories—				
With Mechanical Power	35	262	3	None
Without do. do.	21			
Bakehouses	26			
Workplaces	40			
Total —	122	262	3	—

Shops Act 1934.

All shops premises were regularly inspected throughout the year and notices served with regard to sanitary accommodation, lighting, heating, ventilation and washing facilities were complied with.

172 inspections were made and 3 infringements of the act were detected and dealt with.

SUPERVISION OF FOOD SUPPLIES.

Inspection of Meat and Other Foods.

MEAT.

The number of animals slaughtered during the year was 16,011 being an increase of 2,110 over last year. Whilst there were 356 fewer cattle and 200 fewer pigs, there were 2,566 more sheep and 100 more calves slaughtered than during the previous year.

The total amount of meat, etc., condemned during the year was 21 tons, 1 cwt., 6 sts., $1\frac{3}{4}$ lb. which shows a reduction of 2 tons 6 cwt., 5 sts., $2\frac{3}{4}$ lb. from last year, this is explained by the fact that fewer cattle were slaughtered.

The bulk of condemnations has been due to the number of casualties received at the abattoir—186 cattle, 162 calves, 87 sheep and 37 pigs.

During heavy slaughtering many difficulties are encountered, due primarily to the unsuitability of the abattoir. As last year, the same arrangements existed for the disposal of unsound meat and the collection and utilisation of glands.

As in previous years, tuberculosis in food animals has been responsible for greater loss than all other causes, whilst numerous appropriate organs have been condemned due mainly to the cattle arriving from the fluke infested pastures of Ireland.

The following tables show the amount of stock slaughtered, evidence of disease and comparative totals of condemnation in past years.

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs
Number Slaughtered at Government Controlled Abattoir	2723 plus 40 Casualties	518 plus 146 Reject & Casualties	729 plus 162 Casualties	11945 plus 87 Casualties	96 plus 37 Casualties
Number Slaughtered under private license	—	—	—	2	782
Whole Carcases condemned (T.B. only)	1 plus 3 Casualties	2 plus 7 Casualties Plus 1 Reject	1 plus 1 Casualty	—	2 Casualties
Carcases of which some part or organ condemned (T.B. only)	447		5	—	6
Percentage of number inspected affected with T.B.	13.05%		0.56%	—	4.52%
Carcases condemned. (All diseases excluding T.B.)	1 Casualty	4 Casualties 1 Reject	1 plus 7 Casualties	4 plus 3 Casualties	—
Carcases of which some part or organ condemned. (All diseases excluding T.B.)	391		10	37	3
Percentage of number inspected affected with disease other than T.B.	11.409%		1.12%	0.308%	2.26%

Carcases, Organs and Offal (edible), condemned as being unfit for Human Consumption during year 1946.

	Carcases, etc.				Lungs (Sets)				Hearts		Kidneys			Livers				Heads and Tongues				Sets Stomachs and Intestines	Fat	Ud'ers
	Beef	Veal	Mutton	Pork	Ox	Calf	Sheep	Pig	Ox	Pig	Ox	Sheep	Pig	Ox	Calf	Sheep	Pig	Ox	Calf	Sheep	Pig	Ox	Ox	Ox
Aspirations					55																			
Actinomycosis																		9						
Abscesses						1	5							29		4			1					
Bacilliary Necrosis														24										
Bruising and Injury	1c	19 lb.c	32 lb. c															1						
Capilliary Angioma														16										
Cirrhosis														497		11	3							
Congestion	1c	1c			10																			
Cystic Conditions					263									30		8								
Contamination				74 lbc																				
Decomposition			3 + 3c																		3c			
Degeneration														2										
Emaciation and/or Oedema	1c	2c	1																					
Immaturity		1c																						
Johnes Disease	1c																					12		
Lipoma																							25 lb	
Mastitis																								92
Nephritis											18													
Pericarditis									6															
Pleurisy					40																			
Pneumonia					12																			
Pyaemia		2c																						
Peritonitis and Emaciation	106 lb.c		1c																					
Septic Conditions	2c 1r	2c	18 lb																					
Traumatism	1 qr. c		8 lb + 43 lb c		5																			
Tuberculosis	3 + 18qr. 10c + 8qr	1 + 1c		2c	433			2 + 2c	17		36			64	2		2 + 2c	119	2		6	33	33	

"c" indicates Casualty Animal. "r" indicates Mart Reject Animal.

Provisions, Fruit and Fish Destroyed as being unfit for Human Consumption during Year, 1946.

Cause of Unfitness	(A) Provisions, etc.	sts.	lb.	(B) Tinned Foods	sts.	lb.	(C) Fish	sts.	lb
(A) Decomposition Rancidity, staining Mould, Mites, etc. Decomposition Damage by Flood Water Bean, beetle, dampness Mould, fermentation Mould	Bacon	5	11¼						
	Butter	4	4¼						
	Cheese	12	2½						
	Sausage	5	0½						
	Sugar	1	11						
	Cerials	14	11						
	Dried Fruit	26	12						
	Nuts		10½						
(B) Decomposition due to blown and damaged cans				707 tins Corned Beef	114	10½			
				26 tins corned mutton	9	9			
				122 tins meat products	11	4¼			
				25 tins Fruit	2	9¼			
				198 tins Veg. Products	13	10			
				636 tins Milk	35	9¼			
				176 tins Fish	8	7¾			
				114 tins Soup, etc.	9	5			
				71 tins and jars Preserves	6	1			
(C) Decomposition							Cod	20	0
							Plaice and Soles	1	0

Total of tinned foods, etc., condemned	314 sts. 3 lb.
Total of Meat, etc., condemned ..	3374 sts. $1\frac{3}{4}$ lb.
Total Weight	3688 sts. $4\frac{3}{4}$ lb.

23 tons 1cwt. $5\frac{3}{4}$ lb.

Year ending 31st December	Weight of Meat, etc., condemned. tons	cwt.	sts.	lb.
1936	1	3	2	12
1937	4	13	1	1
1938	2	1	6	3
1939	3	6	5	13
1940	21	1	3	0
1941	17	12	5	2
1942	11	3	4	7
1943	18	12	4	$6\frac{3}{4}$
1944	21	4	4	$1\frac{1}{4}$
1945	25	11	1	$10\frac{1}{2}$
1946	23	1	0	$5\frac{3}{4}$

Public Health (meat) Regulations of 1924.

These regulations are comprehensive and of much value in enforcing the clean handling of foodstuffs.

The vehicles used to transport meat from the Abattoir to the butchers' shops were maintained in a clean condition.

Diseases of Animals Act, 1894-1909.

No notifications were received from the Police of Swine Fever, Anthrax, etc., during the year.

Other Foods.

Supervision of all food premises was continued throughout the year and regular inspections carried out. Special attention was given to the cleanliness and personal hygiene of all staffs concerned.

Quantities of butter, fats, cheese, etc., condemned as unfit for food are returned to the wholesalers for possible salvage and processing.

A total of 314 sts., 3 lb. of provisions, tinned goods, etc. was condemned during the year, this showed a decrease of 28 sts., 3 lb. on last year's recorded figure.

Food and Drugs Act, 1938.

Restaurant Kitchens (including British Restaurants, Cafes, etc.)

All premises are visited frequently and advice given to enable the occupier to prepare food under hygienic conditions. Items requiring attention at the Birtish Restaurants are brought to the notice of the Accountant and Surveyor.

Hawkers' Carts and Vans.

All vehicles carrying foodstuffs, including bakers' vans, meat vans and carts, hawkers' carts, etc., are stopped periodically and inspected.

Fried Fish Shops.

171 inspections were carried out during the year necessitating the serving of 5 notices, 3 of which were complied with. There were no new registrations.

Manufacture and Sale of Ice Cream.

Four applications under Section 14 of the Food and Drugs Act, 1938 were received, two were granted and 2 refused by the Health Committee. A high standard of cleanliness was maintained and advice was given and readily received by manufacturers and retailers alike. Only one infringement of the act was recorded.

Where unsatisfactory results were revealed after bacteriological examination, the result was usually traced to the long period between boiling and freezing. Repeat samples were taken after advice was given and they all proved satisfactory.

The outbreak of food poisoning at Aberystwyth, traced to Ice Cream, emphasises the need for strict enforcement of personal cleanliness and hygienic methods in the production of this commodity.

Premises	Number Registered	Number of Inspections	Notices Served	Occupiers Prosecuted
Fish Shops	54	171	5	—
Butchers' Shops	50	104	2	—
Ice Cream Shops	16	191	1	—
Restaurant Kitchens	—	86	4	—
Other Food Premises	—	347	7	—
Totals —	120	899	19	—

Milk Supply.

208 samples of whole and pasteurised milk were taken for examination during 1946, and the following results were obtained :—

	No. of Samples taken	(a) Methylene Blue Test.			(b) Bacillus Coli Test			Total Count and Phosphatase Test (Pasteurised)			Biological Test for Tuberculosis		
		Satisfactory	Unsatisfactory	% Unsatisfactory	Satisfactory	Unsatisfactory	% Unsatisfactory	Satisfactory	Unsatisfactory	% Unsatisfactory	Negative	Positive	% Positive
Whole Milk ..	162	108	54	33.3%	134	28	17.3%				159	3	1.85%
Pasteurised Milk	46	46	—	—	44	2	4.35%	44	2	4.35%			

MILK (SPECIAL DESIGNATIONS) ORDER, 1936-44.

The number of persons licensed to produce, bottle or sell designated milk is as follows :—

	Grade of Milk			Total
	Tuberculin Tested	Accredited	Pasteurised	
Wholesale Producers	2	10	1	13
Retail Producers	2	8	—	10
Bottler Retailers	—	—	1	1
Retailers	—	—	18	18
TOTAL —	4	18	20	42

Samples of milk were taken at the farm and at the dairies of retail purveyors and sent to either the Public Health Laboratory, Newcastle or the Royal Infirmary, Sunderland to be tested. The tests carried out are—Methylene Blue Test—Bacillus Coli and Tubercle Bacilli for raw milk, and the phosphatase test in addition for pasteurised milk.

Three samples of milk showed the presence of Tubercle Bacilli and this was reported to the County Medical Officer. He arranged for a Veterinary Inspector to make a clinical examination of all herds at the farms in question and a series of samples were taken in an endeavour to find the guilty cows.

Strict supervision of the East Durham Co-operative Dairies' pasteurisation plant still continues and considering shortage of labour, the plant is managed in a satisfactory manner. The new (H.T.S.T.) pasteurisation plant installed in 1944 continues to work satisfactorily, as shown by the results of samples given on the previous page.

Fewer complaints of sour milk were received, probably due to the colder weather during the summer months. Complaints were followed up via retailer and producer and advice given where necessary.

4 applications were received to have premises registered as dairies, and these were granted by the Local Health Committee. One farmer, owing to ill health, has ceased to produce milk and his name has been removed from the register.

3 applications to be registered as retail purveyors were granted.

	Number Registered	Inspections	Notices Served	Occupiers Prosecuted
Producers	123	304	24	—
Retail Purveyors	16	79	—	1

In conclusion, I should like to record my appreciation of your guidance during the year, and the loyal co-operation of the staff in the efficient discharge of their duties.

I am, Sir,

Your obedient servant,

J. SAVAGE,

Senior Sanitary Inspector.

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